

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

8227

Registration District No.

784

Primary Registration District No.

200

Registrar's No.

441

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Nov. 19, 1939
(Specify whether
In this community unkn.
years, months or days)

9. (a) PRINT FULL NAME William L. Harris

3. (b) If veteran, name war World War 3. (c) Social Security No. -

4. Sex male race white 5. Color or 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased June 17, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 8 9 br. min.

9. Birthplace Roanoke, Texas.
(City, town, or county) (State or foreign country)

10. Usual occupation Moving Man.

11. Industry or business -

12. Name William Harris
13. Birthplace Texas.
(City, town, or county) (State or foreign country)
14. Maiden name Mathilda Reynolds
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk Schuller
(b) Address Vet. Adm. Fac., Jeff. Bks. Mo.
17. (a) REMOVAL (b) Date thereof FEB. 27 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DENTON, TEXAS

18. (a) Signature of funeral director C. Hoffmeister D. T. C.
(b) Address 7814 S. Billingsway
19. (a) FEB 27 1940 (b) DR. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County -
Street 3103-a California Avenue
(If outside city or town limits, write "RURAL")
City St. Louis
(c) Street No. - (If rural, give location)
(d) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26,
year 1940 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 19,
1939 19 - to February 26, 1940;
that I last saw him alive on February 26, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis, chronic, with multiple abscesses and surrounding
pneumonitis. Duration unkn.

Other conditions Bronchial pneumonia. 3 days
(Include pregnancy within 3 months of death)
Major findings: No operation.
Of autopsy No autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence -
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

While at work? - (Specify type of place)
Means of injury -
23. Signature C.W. Hughes, M.D. (M. D. or other)
Chief Medical Officer
Address Vet. Adm. Fac., Jeff. Bks. Mo.

4.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Linus C. Hoffmeister
Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.